

12. Our support offer

Standards and implementation support

- Over the next five years, NHS England will be working with ALB partners to develop **evidence-based treatment pathways** and the supporting infrastructure required to enable their implementation. Each of the pathways will be designed to span the journey from ‘referral to recovery’, and across all of the pathways there will be a set of common activities:
 - establishment of a multi-stakeholder expert reference group;
 - development of a pathway that includes expectations regarding referral to treatment waiting times, interventions provided and outcomes measured;
 - specification of the dataset changes required to monitor and evaluate performance;
 - analysis of the gap between current national state and the ambitions in terms of cost, benefits, workforce and timescale;
 - development of a workforce strategy and planning tools to support implementation;
 - development of implementation guidance for the pathway; and,
 - design of levers, incentives and models of payment that support delivery of the pathway.
- Together the full suite of pathways will enable transparent benchmarking against common standards or service ambitions. The table below notes the expected coverage and timescales for delivery of the pathways:

Already published

- Early intervention in psychosis
- Community services for eating disorders in children and young people (this will be extended during 2016/17 to include in-patient services within the pathway)

Planned for 2016/17

- Generic children and young people’s mental health
- Perinatal mental health
- Crisis care:
 - o Urgent and emergency mental health liaison in acute hospitals(18-end of life)
 - o Urgent and emergency ‘blue light’ mental health response (all ages)
 - o Urgent and emergency community-based mental health response (18-end of life)
 - o Urgent and emergency mental health response for children and young people
- Acute mental health care
- Integrated psychological therapies for people with common mental health problems

Planned for 2017/18 and 2018/19

- Community mental health care (encompassing referral to recovery pathways for psychosis, personality disorder, bipolar affective disorder and severe and complex common mental health problems)
- Self-harm

- NICE has been commissioned by NHS England to provide a programme of support in relation to the above and this is currently being delivered by the National Collaborating Centre for Mental Health, a partnership between the Royal College of Psychiatrists and the British Psychological Society. Plans for introduction of the pathways above should form part of a response to the Independent Commission on Acute Adult Psychiatric Care.
- The pathways will be supported by self-assessment tools to enable localities to assess

their provision against the model pathway. All local teams will be expected to complete a self-assessment to inform development of plans to meet the standards or ambitions set out in relevant pathways.

- Completed self-assessments will be independently validated and scored against a four-point scale on a regular (usually annual) cycle, enabling monitoring of progress along a developmental trajectory. Validated ratings will be made available to support transparency and improvement.

Promoting physical health of people with mental health problems

- Public Health England will work with NHS England to support commissioners to prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes.
- Implementation support has already been made available by PHE in the form of tools (e.g. Lester tool^{xxiv}) and guidance (e.g. guidance on smokefree mental health services for commissioners^{xxv} and providers^{xxvi}).
- Further joint work between NHSE and PHE will extend the range of CQUIN templates and guidance available to commissioners and providers of NHS-funded provision. Topics will include:
 - primary and secondary prevention through screening;
 - NHS Health Checks;
 - interventions for physical activity, obesity, diabetes, heart disease, cancer; and,
 - access to 'stop smoking' services.

Improvement and assurance

A **co-ordinated approach to cross-ALB improvement and delivery support** will be developed further, with details set out later this year for implementation from 2017/18 onwards.

As part of this, NHS Improvement will develop a **new improvement model** to underpin system transformation which is based on improvement science, enables quality improvement and sharing good practice, and complements the

pathway approach mentioned above. This will encompass all aspects of mental health delivery, including specialist providers as well as supporting acute providers to meet the mental health needs of the people that they serve. It will consider demand management within secondary care as well as the vital role that primary care and the voluntary sector play in supporting those with mental health problems.

In 2016/17 the delivery support offer for local areas and STP footprints includes:

- NHS England regional teams have been allocated central funding of **£3.4 million** to support delivery assurance and improvement support for mental health, in addition to their core funding. This has been provided across the four NHSE regions.
- This funding in part supports the continued provision of **clinical networks** for mental health in all regions of England. The 12 existing mental health clinical networks provide clinical leadership and engagement and deliver bespoke improvement programmes to CCGs and providers along the pathway, across health, social care and the third sector, to deliver sustainable improvement on outcomes for individuals, aligned to mental health priorities and programmes. The networks will link with HEE local area teams to support workforce planning and development to meet the workforce targets required to improve access.
- Linked to the generic clinical networks, specific **regional networks and implementation teams** have been established to support children and young people's mental health, perinatal mental health and psychological therapies.
- At a regional level, NHSE teams led by **Regional Directors and their Directors of Commissioning Operations** provide an assurance function to support a focus on delivery of commitments (including planning requirements). Regions have different approaches in place, including regional delivery boards which review progress and coordinate assurance and improvement activities, and project management office approaches to maintain oversight of the Mental Health Forward View priorities.
- Health Education England is introducing **Local Workforce Actions Boards** to operate across existing STP footprints to work through and find local system-wide solutions for workforce challenges.
- NHS England hosts **intensive support teams** who can support CCGs and providers to deliver in-year improvements on existing pathways and standards including mental health.
- **National teams** across arm's-length bodies can provide advice and support where local STPs would welcome it, in many cases this will be signposted by regional teams via assurance of STPs or activity plans.

Specific supporting activities

In addition to the general activities, networks and models outlined above, there is a number of specific activities and projects that will provide further support to localities in relation to certain policy objectives. These include:

- A national **commissioning development programme for children and young people's mental health**, to be delivered in 2017 by NHS England. The programme will strengthen the support and development opportunities available to CYP MH commissioners, to help better equip them to reshape the way CYP MH services are commissioned and delivered across the system.
- Public Health England will lead delivery of local implementation support which includes action to deliver the requirement that all local areas have local multi-agency **suicide prevention plans** by the end of 2017. PHE will issue guidance in September 2016 which will cover CCGs, local government, NHS providers, GPs and other partners.
- PHE is also leading this development of the **prevention concordat** programme which will support the objective that all local areas have a prevention plan in place by 2017/18. The concordat is expected to be launched by March 2017 so that localised plans can be put into place over 2017/18.
- An **Integrated Personal Commissioning 'early adopter' programme** for looked-after children will be developed with selected sites from 2016/17, with the intention of rolling the practice out across the sector. This programme will develop a model for the use of integrated personal budgets to improve mental health and wellbeing outcomes for looked-after children and care leavers.
- Support for the expert reference group led by the Departments of Health and Education which aims to develop an evidence based pathway of support and treatment to meet the mental health needs of **looked after and adopted children** and young people across health, social care and education.

- I. <http://www.hscic.gov.uk/article/3880/Eating-disorders-Hospital-admissions-up-by-8-per-cent-in-a-year>
- II. <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>
- III. Recommended staff numbers are from Health Education England, informed by expert clinical advice and based on modified assumptions from the NHS Handbook, rotas for inpatient Mother and Baby Units, and the 2015 Royal College of Psychiatrists Report Perinatal Mental Health Services: Recommendations for the provision of services for childbearing women <http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr197.aspx>
- IV. <https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems>
- V. [General Practice Forward View: https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf](https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf)
- VI. <http://onlinelibrary.wiley.com/doi/10.1093/clipsy.6.2.204/abstract>
- VII. Priorities for mental health: Economic report for the NHS England Mental Health Taskforce. Centre for Mental Health 2015. <https://www.centreformentalhealth.org.uk/priorities-for-mental-health-economic-report>
- VIII. For examples of projects see: Investing in emotional and psychological wellbeing for patients with long-term conditions, NHS Confederation, 2012
- IX. <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>
- X. <https://www.gov.uk/government/publications/local-payment-example-improving-access-to-psychological-therapies>
- XI. NICE-concordance will be measured during 2016/17 via a self-assessment tool published by CCQI which is to be validated during the course of the year and re-assessed subsequently: <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/earlyinterventionpsychosis/theseffassessment.aspx>
- XII. UCL Crisis resolution team Optimisation and RElapse prevention (CORE) study: <https://www.ucl.ac.uk/core-study/workstream-01>
- XIII. Dr Peter Aitken, Dr Sarah Robens, Tobit Emmens (eds). Model Service Specifications for Liaison Psychiatry Services – Guidance. South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions (2014) <http://mentalhealthpartnerships.com/wp-content/uploads/sites/3/4-model-service-specifications-for-liaison-psychiatry-services.docx>
- XIV. Parsonage M, Grant C, Stubbs J. Priorities for mental health: Economic report for the NHS England Mental Health Taskforce. Centre for Mental Health (2016) <https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=760ae169-e8df-4616-86a5-d63ea2f00e4a>
- XV. Knapp M, Andrew A, McDaid D, Lemmi V, McCrone P, Park AL, et al. Investing in Recovery: Making the Business Case for Effective Interventions for People with Schizophrenia and Psychosis. London: The London School of Economics and Political Science, Centre for Mental Health and Department of Health; 2014. <https://www.centreformentalhealth.org.uk/investing-in-recovery>
- XVI. Dorning H, Davies A, Blunt I. QualityWatch research report – Focus on: People with mental ill health and hospital use. The Health Foundation & Nuffield Trust. (2015) http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/QualityWatch_Mental_ill_health_and_hospital_use_full_report.pdf
- XVII. Fossey M, Parsonage M. Economic evaluation of a liaison psychiatry service. Centre for Mental Health, NHS Confederation Mental Health Network, & The London School of Economics and Political Science (2011) <https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=d6fa08e0-3c6a-46d4-8c07-93f1d44955e8>
- XVIII. Funding is subject to approval by HM Treasury for expansion from 2018/19 onwards.
- XIX. <http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci>

- XX. <https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance>
- XXI. <https://www.england.nhs.uk/commissioning/ccg-auth/>
- XXII. <https://improvement.nhs.uk/resources/new-payment-approaches/>
- XXIII. <https://www.england.nhs.uk/mentalhealth/resources/>
- XXIV. <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx#cmhresource>
- XXV. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/432222/Smoking_Cessation_in_Secure_Mental_Health_Settings_-_guidance_for_commis....pdf
- XXVI. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/432222/Smoking_Cessation_in_Secure_Mental_Health_Settings_-_guidance_for_commis....pdf